

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

#2 acceptable

PRINTED: 08/31/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/31/2010
NAME OF PROVIDER OR SUPPLIER  SEVIER CO HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 415 CATLETT RD SEVIERVILLE, TN 37862	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow a physician's order for a personal safety alarm for one resident (#1) of five sampled residents.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on June 10, 2010, with diagnoses including Multiple Sclerosis and Late Effects Hemiplegia. Medical record review of the Minimum Data Set dated July 8, 2010, revealed the resident was impaired with decision-making skills, required extensive assistance with transfers, and had a history of falls within the past one hundred eighty days.</p> <p>Medical record review of the current recapitulation (summary) of physician's orders revealed, "personal alarm in bed/chair..."</p> <p>Observation on August 30, 2010, at 2:00 p.m., revealed the resident seated in a wheelchair at the nurse's station and no personal alarm was in view. Observation and interview with licensed practical nurse (LPN) #1 on August 30, 2010, at 2:15 p.m., revealed no personal safety alarm was in place, and confirmed the facility failed to follow the physician's order for Resident #1.</p>	F 281	<p>Resident #1's alarm was reattached by LPN.</p> <p>All Sevier County Health Care Center residents who have an order for a personal alarm have the potential to be affected</p> <p>In service all nursing staff on importance of checking alarms to ensure they are in place at all times or as ordered by physician.</p> <p>Nursing administration will audit 5% of all residents with order for alarms every week times six (6) months to ensure the deficient practice will not occur. Any trends will be reported to the Quality Assurance Committee.</p>	<p>08/30/2010</p> <p>09/17/2010</p> <p>09/13/2010</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

9-13-10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.